

## **GUIDE TO ENTERTAINMENT LICENSES**

Pursuant to Ordinance 2-219, a license must be obtained before any entertainment may be permitted at any establishment. Licensure is valid from the date of the license through the following December 31 only. The License fee is \$200.00 for Entertainment by Performers, \$200.00 for Entertainment by Patrons, and \$200.00 for each ten devices (TVs, radios, juke boxes, etc.) for Entertainment by Devices.

To complete the application:

1. Fill in the Application for an Entertainment License. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers Compensation Insurance Affidavit.
2. For Entertainment by Performers, proceed to each of these Departments to obtain sign-offs. For Entertainment by Patrons, just proceed to Inspectional Services to obtain a sign-off. For Entertainment by Devices, no sign-offs are necessary.
  - A. Fire Prevention Bureau: Monday – Friday, 8:00 – 10:00 AM, 3:00 – 5:00 PM  
Franey Road (DPW bldg. by Trum Field on Broadway)  
617 623-1700 x8400
  - B. Inspectional Services Division: Monday – Friday, 8:00 AM – 4:00 PM  
Franey Road (DPW bldg. by Trum Field on Broadway)  
617 625-6600 x5600
3. Contact the Ward Alderman and any neighborhood groups to discuss the application and any questions or concerns.
4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury	Monday–Wednesday, 8:30 AM – 4:00 PM
93 Highland Avenue (City Hall)	Thursday, 8:30 AM – 7:00 PM
617 625-6600 x3500	Friday, 8:30 AM – 12:00 PM
5. Submit the application and the fee to the Licensing Commission, City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100 (fax 617 625-4239). The Licensing Commission usually meets on the 3<sup>rd</sup> Monday of the month. Applications must be submitted at least ten days before the meeting. Applicants must attend the meeting.
6. The Licensing Commission will schedule a public hearing on the application, and will advertise, at the expense of the petitioner, the hearing in a designated local weekly newspaper at least three times not less than 7 days and not more than 30 days before the hearing.
7. Following approval by the Licensing Commission, the License will be issued.

## APPLICATION FOR AN ENTERTAINMENT LICENSE

Fees \$200 for entertainment by performers  
\$200 for entertainment by patrons  
\$200/1-10 devices, \$400/11-20 devices, etc.

FOR LICENSING COMMISSION ONLY

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Have you ever obtained an entertainment license before? Y \_\_ N \_\_

If yes, list year, city and state: \_\_\_\_\_

Have you ever had an entertainment license denied, revoked or suspended? Y \_\_ N \_\_

If yes, explain: \_\_\_\_\_

### ENTERTAINMENT BY PERFORMERS

Describe any entertainment by performers (Musicians, comedians, actors, athletes, DJs, etc.): \_\_\_\_\_

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Number of stages or separate areas of entertainment by performers: \_\_\_\_\_

Will the entertainment be accessible to all ages and all classes of the public? Y \_\_ N \_\_

If no, explain: \_\_\_\_\_

Will the entertainment expose to view any portion of the pubic area, anus, genitals, Y \_\_ N \_\_  
or female breast below the top of the areola, or any simulation of these areas?

If yes, explain: \_\_\_\_\_

Attach a copy of the blue prints or a hand drawn floor plan (drawn to scale) of the proposed locations of the stages or areas of entertainment.

*Obtain the signatures below before submitting this form to the Licensing Commission.*

____Preliminary Meeting    Date _____	____Preliminary Meeting    Date _____
_____ Fire Prevention Deputy Chief or Designee	_____ Inspectional Services Sup't or designee

## ENTERTAINMENT BY PATRONS

Describe any entertainment by patrons (Dancing, dart boards, karaoke, etc.):\_\_\_\_\_

Number of dance floors or separate areas of entertainment by patrons:\_\_\_\_\_

Will the entertainment be accessible to all ages and all classes of the public? Y \_\_ N \_\_

If no, explain:\_\_\_\_\_

Will the entertainment expose to view any portion of the pubic area, anus, genitals, Y \_\_ N \_\_  
or female breast below the top of the areola, or any simulation of these areas?

If yes, explain:\_\_\_\_\_

Attach a copy of the blue prints or a hand drawn floor plan (drawn to scale) of the proposed locations of the dance floors or areas of entertainment by patrons.

*Obtain the signature below before submitting this form to the Licensing Commission.*

__Preliminary Meeting	Date_____	_____
		Inspectional Services Sup't or designee

## ENTERTAINMENT BY DEVICES

Describe any entertainment by devices (Audio systems, Film projectors, TVs, juke boxes, etc.)

Include the maximum number of each device located on the premises:\_\_\_\_\_

Total number of devices located on the premises:\_\_\_\_\_

Will the entertainment be accessible to all ages and all classes of the public? Y \_\_ N \_\_

If no, explain:\_\_\_\_\_

Will the entertainment expose to view any portion of the pubic area, anus, genitals, Y \_\_ N \_\_  
or female breast below the top of the areola, or any simulation of these areas?

If yes, explain:\_\_\_\_\_

Attach a copy of the blue prints or a hand drawn floor plan (drawn to scale) of the proposed locations of the devices.

## ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant:\_\_\_\_\_Date:\_\_\_\_\_

Print Name:\_\_\_\_\_Phone:\_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

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\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: \_\_\_\_\_

Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_

(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

☐ Real Estate      ☐ Water/Sewer      ☐ Personal Property      ☐ Other: \_\_\_\_\_

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_

**ORIGINAL STAMP:**

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143

(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682

WWW.SOMERVILLEMA.GOV

***The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111***

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

- |  |                       |  |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> | <input type="checkbox"/> Retail  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  |                       | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. |                       | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          |                       | <input type="checkbox"/> Nonprofit                                     |
|  |                       | <input type="checkbox"/> Entertainment                                 |
|  |                       | <input type="checkbox"/> Manufacturing                                 |
|  |                       | <input type="checkbox"/> Health Care                                   |
|  |                       | <input type="checkbox"/> Other _____                                   |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

***Official use only. Do not write in this area. To be completed by city or town official.***

**City or Town:** \_\_\_\_\_ **Permit/License #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

- ☐ **Board of Health**
- ☐ **Building Department**
- ☐ **City/Town Clerk**
- ☐ **Licensing Board**
- ☐ **Selectmen's Office**
- ☐ **Other** \_\_\_\_\_

